

NOTICE OF CONDITIONAL RENEWAL



Farmington Casualty Company

PRODUCER/CASE BRACCO AGENCY INC		ISSUE DATE 2/9/2007	OFFICE [REDACTED]
EFFECTIVE DATE OF EXPIRATION 4/7/2007	POLICY IDENTIFICATION NO. PRODUCER'S CODE POLICY NO. [REDACTED] [REDACTED]		

IMPORTANT NOTICE

NAMED INSURED



Location of Property (if different than address of Named Insured shown above):

Dear Policyholder:

Recent storms have had a devastating effect on properties located in many parts of the country. We find it necessary to take action to reduce our exposure to future catastrophic loss. Therefore, we are conditioning renewal of your homeowners policy on the date shown above, because of the potential for catastrophic storm damage in your area. Renewal is conditioned upon acceptance of an increase in your hurricane deductible to 5%. This deductible replaces any hurricane deductible that previously applied to your policy. A credit is reflected in your premium for this deductible but the overall effect may result in a premium increase due to other changes or rate increases.

If you have any questions regarding hurricane deductibles or your homeowners policy in general, please contact your agent or insurance representative.

We appreciate your business and thank you for insuring your home with our company.

You will receive your renewal policy and bill shortly. If you choose not to accept the increase in your hurricane deductible to 5%, this notice serves as legal notice of nonrenewal of your policy due to hurricane force wind exposure. In that case, your coverage will end on the expiration date shown above. For this reason, we are providing you with the information on the reverse side of this notice.

IF YOU HAVE ANY QUESTIONS IN REGARD TO THIS TERMINATION, PLEASE CONTACT THIS COMPANY'S REPRESENTATIVE AT:

COMPANY NAME FARMINGTON CASUALTY COMPANY
ADDRESS PO BOX 4735
SYRACUSE NY 13221

REPRESENTATIVE [REDACTED] **PHONE NUMBER** [REDACTED]

THE NEW YORK INSURANCE LAW PROHIBITS INSURERS FROM ENGAGING IN REDLINING PRACTICES BASED UPON GEOGRAPHIC LOCATION OF THE RISK OR THE PRODUCER. IF YOU HAVE ANY REASON TO BELIEVE THAT WE HAVE ACTED IN VIOLATION OF SUCH LAW, YOU MAY FILE YOUR COMPLAINT WITH THE DEPARTMENT EITHER ON ITS WEBSITE AT WWW.INS.STATE.NY.US/COMPLHOW.HTM OR BY WRITING TO THE STATE OF NEW YORK INSURANCE DEPARTMENT, CONSUMER SERVICE BUREAU, AT EITHER 25 BEAVER STREET, NEW YORK, NEW YORK 10004 OR ONE COMMERCE PLAZA, ALBANY, NEW YORK 12257.

PLEASE SEE IMPORTANT INFORMATION ON REVERSE.